



To: **All Operational Clinicians**
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CHANGES TO SERVICES AT ROYAL SHREWSBURY HOSPITAL

As from the **29th September 2014** patients with the following chief complaints will not be accepted at Royal Shrewsbury Hospital (RSH) and must be taken to Princess Royal Hospital (PRH), Telford:

- Gynecological conditions including PV bleeds

As from the **29th September 2014** patients <16 years old will only be accepted at Royal Shrewsbury Hospital in the following two scenarios:

1. if there is an immediate life threatening condition that the clinician on scene believes cannot be safely diverted to Princess Royal Hospital in Telford, examples of these cases are:
 - Uncontrolled catastrophic hemorrhage
 - Uncontrollable airway compromise
 - Ongoing CPR

This list is not exhaustive and clinicians should use their own clinical judgement.

Crews should initially remain with the patient during the primary survey and await a transfer decision, if this is likely to be longer than 15 minutes then EOC must be informed of the situation at the earliest opportunity.

2. Paediatric patients requiring ED should be conveyed to PRH or the nearest appropriate ED unless they meet the criteria attached for assessment/management at RSH between the hours of 0900-2000hrs Monday and Friday and 1200-2000hrs on the Saturday and Sunday. If further information/agreement they can be contacted via the Shropdoc care co-ordination centre.

As from the **30th September 2014** patients with **Maternity related conditions** will not be accepted at Royal Shrewsbury Hospital and must be taken to Princess Royal Hospital in Telford.

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Clinical Guideline for the management of Paediatric patients within the catchment area of Royal Shrewsbury Hospital

The system below allows ambulance staff to convey patients <16 years of age meeting the criteria to the Emergency Department at Royal Shrewsbury Hospital (RSH) between the hours of 0900-2000hrs Monday and Friday and 1200-2000hrs on the Saturday and Sunday. Any patients outside of the criteria must be conveyed to the Emergency Department at Princess Royal Hospital Telford (PRH).

The system is broken down into the following sections:

- Presentation
- Within observation chart – **only patients within the window**
- Signs and symptoms
- **Cautions – if patient has any of the list they must go to PRH**

Presentation	Within observations	Signs and symptoms (go to RSH)	Cautions (all go to PRH)
Vomiting	See chart (GCS 15)	Vomiting but still passing urine	Reduced GCS or signs of dehydration
Local inflammation/infection	See chart (GCS 15)	Mild pain, swelling, redness confined to a particular site or area	Major increase in size Unable to partially weight bare
Recent injury/ recent mild pain/safeguarding NAI and <2 years old	See chart (GCS 15)		Major increase in size Unable to partially weight bare Limb deformity If safeguarding concern, NAI and <2 years
Wheeze	See chart (GCS 15)	Mild audible wheeze or feeling of a wheeze	Not improved by nebuliser Needing oxygen SPO2 <93% on air
Crying baby	See chart (GCS 15)	None other than crying	Signs of meningitis
Red eye	See chart (GCS 15)	Conjunctiva red	Obvious periorbital swelling
Mild rash or itch	See chart (GCS 15)	Well child with mild to moderate itch or mild to moderate eczema	Non-blanching, purpuric rash Severe urticaria with facial swelling
Dysuria	See chart (GCS 15)	Pain on passing urine with systemic upset	Retention of urine
Scalp haematoma	See chart (GCS 15)	Following a head injury with no loss of consciousness	Reduced GCS Vomiting <2 years old
Minor wound/laceration	See chart (GCS 15)	Minor or small wound laceration	Full thickness Suspected underlying fracture Unable to partially weight bare History of unconsciousness

Age	Resp rate	Pulse rate	Systolic BP	Temperature
<1 year	30-40	110-160	70-90	An elevated temperature can be above 37°C. Most cases this is accepted as above 38°C
1-2 years	25-35	100-150	80-95	
2-5 years	25-30	95-140	80-100	
5-12 years	20-25	80-120	90-110	
>12 years	15-20	60-100	100-120	

If the ambulance clinician feels that the patient has minor injury or illness that is not listed please contact the Shropdoc care co-ordination centre.